

<i>SERFF Tracking Number:</i>	<i>HUMA-126400248</i>	<i>State:</i>	<i>Arkansas</i>
<i>Filing Company:</i>	<i>Humana Dental Insurance Company</i>	<i>State Tracking Number:</i>	<i>44494</i>
<i>Company Tracking Number:</i>	<i>AR IND DENTAL H1 DEPENDENT AGE</i>		
<i>TOI:</i>	<i>H10I Individual Health - Dental</i>	<i>Sub-TOI:</i>	<i>H10I.000 Health - Dental</i>
<i>Product Name:</i>	<i>AR Ind Dental H1 Dependent Age</i>		
<i>Project Name/Number:</i>	<i>AR Ind Dental H1 Dependent Age /AR Ind Dental H1 Dependent Age</i>		

Filing at a Glance

Company: Humana Dental Insurance Company

Product Name: AR Ind Dental H1 Dependent SERFF Tr Num: HUMA-126400248 State: Arkansas

Age

TOI: H10I Individual Health - Dental

SERFF Status: Closed-Approved-
Closed State Tr Num: 44494

Sub-TOI: H10I.000 Health - Dental

Co Tr Num: AR IND DENTAL H1 State Status: Approved-Closed
DEPENDENT AGE

Filing Type: Form

Reviewer(s): Rosalind Minor
Disposition Date: 01/08/2010
Authors: Erin Hermsen, Paula
Konop, Tina Huettl, Christi Conrad
Date Submitted: 01/06/2010 Disposition Status: Approved-
Closed

Implementation Date Requested:

Implementation Date:

State Filing Description:

General Information

Project Name: AR Ind Dental H1 Dependent Age
Project Number: AR Ind Dental H1 Dependent Age
Requested Filing Mode: Review & Approval

Status of Filing in Domicile: Pending
Date Approved in Domicile:
Domicile Status Comments: State of Domicile
was submitted for approval on 12/15/2009
Market Type: Individual
Group Market Size:
Group Market Type:
Explanation for Other Group Market Type:
State Status Changed: 01/08/2010
Created By: Christi Conrad
Corresponding Filing Tracking Number:

Explanation for Combination/Other:
Submission Type: New Submission
Overall Rate Impact:
Filing Status Changed: 01/08/2010

Deemer Date:
Submitted By: Christi Conrad
Filing Description:
Arkansas Department of Insurance
1200 West Third Street
Little Rock, AR 72201-1904

RE: INDIVIDUAL DENTAL INSURANCE AMENDMENT

SERFF Tracking Number: HUMA-126400248 State: Arkansas
Filing Company: Humana Dental Insurance Company State Tracking Number: 44494
Company Tracking Number: AR IND DENTAL H1 DEPENDENT AGE
TOI: H101 Individual Health - Dental Sub-TOI: H101.000 Health - Dental
Product Name: AR Ind Dental H1 Dependent Age
Project Name/Number: AR Ind Dental H1 Dependent Age /AR Ind Dental H1 Dependent Age

HUMANADENTAL INSURANCE COMPANY
NAIC #119-70580
FEIN #39-0714280

Dear Sir/Madam:

We respectfully submit for your approval the attached amendment.

To the best of our knowledge, we believe the attached amendment satisfies the minimum requirements of applicable Arkansas statutes and regulations.

Upon approval, please notify me via SERFF. If you have any questions regarding this filing, please contact me by phone at 1-800-558-4444, extension 3765, or via SERFF.

Sincerely,
HUMANADENTAL INSURANCE COMPANY

Christi Conrad
Specialty Benefits Compliance Specialist

Company and Contact

Filing Contact Information

Christi Conrad, Specialty Benefits Compliance cconrad@humana.com
Specialist
325 Reid St. 920-337-3765 [Phone]
De Pere, WI 54115

Filing Company Information

Humana Dental Insurance Company	CoCode: 70580	State of Domicile: Wisconsin
1100 Employer's Blvd	Group Code: 119	Company Type:

SERFF Tracking Number: HUMA-126400248 State: Arkansas
 Filing Company: Humana Dental Insurance Company State Tracking Number: 44494
 Company Tracking Number: AR IND DENTAL H1 DEPENDENT AGE
 TOI: H101 Individual Health - Dental Sub-TOI: H101.000 Health - Dental
 Product Name: AR Ind Dental H1 Dependent Age
 Project Name/Number: AR Ind Dental H1 Dependent Age /AR Ind Dental H1 Dependent Age
 Green Bay, WI 54344 Group Name: State ID Number:
 (800) 558-4444 ext. [Phone] FEIN Number: 39-0714280

Filing Fees

Fee Required? Yes
 Fee Amount: \$20.00
 Retaliatory? Yes
 Fee Explanation: \$20 per additional form
 Per Company: No

COMPANY	AMOUNT	DATE PROCESSED	TRANSACTION #
Humana Dental Insurance Company	\$20.00	01/06/2010	33302511

SERFF Tracking Number:	HUMA-126400248	State:	Arkansas
Filing Company:	Humana Dental Insurance Company	State Tracking Number:	44494
Company Tracking Number:	AR IND DENTAL H1 DEPENDENT AGE		
TOI:	H101 Individual Health - Dental	Sub-TOI:	H101.000 Health - Dental
Product Name:	AR Ind Dental H1 Dependent Age		
Project Name/Number:	AR Ind Dental H1 Dependent Age /AR Ind Dental H1 Dependent Age		

Correspondence Summary

Dispositions

Status	Created By	Created On	Date Submitted
Approved-Closed	Rosalind Minor	01/08/2010	01/08/2010

Objection Letters and Response Letters

Objection Letters				Response Letters		
Status	Created By	Created On	Date Submitted	Responded By	Created On	Date Submitted
Pending Industry Response	Rosalind Minor	01/07/2010	01/07/2010	Christi Conrad	01/07/2010	01/07/2010

SERFF Tracking Number: HUMA-126400248 *State:* Arkansas
Filing Company: Humana Dental Insurance Company *State Tracking Number:* 44494
Company Tracking Number: AR IND DENTAL H1 DEPENDENT AGE
TOI: H101 Individual Health - Dental *Sub-TOI:* H101.000 Health - Dental
Product Name: AR Ind Dental H1 Dependent Age
Project Name/Number: AR Ind Dental H1 Dependent Age /AR Ind Dental H1 Dependent Age

Disposition

Disposition Date: 01/08/2010

Implementation Date:

Status: Approved-Closed

Comment:

Rate data does NOT apply to filing.

<i>SERFF Tracking Number:</i>	<i>HUMA-126400248</i>	<i>State:</i>	<i>Arkansas</i>
<i>Filing Company:</i>	<i>Humana Dental Insurance Company</i>	<i>State Tracking Number:</i>	<i>44494</i>
<i>Company Tracking Number:</i>	<i>AR IND DENTAL H1 DEPENDENT AGE</i>		
<i>TOI:</i>	<i>H101 Individual Health - Dental</i>	<i>Sub-TOI:</i>	<i>H101.000 Health - Dental</i>
<i>Product Name:</i>	<i>AR Ind Dental H1 Dependent Age</i>		
<i>Project Name/Number:</i>	<i>AR Ind Dental H1 Dependent Age /AR Ind Dental H1 Dependent Age</i>		

Schedule	Schedule Item	Schedule Item Status	Public Access
Supporting Document	Flesch Certification	Approved-Closed	Yes
Supporting Document	Application	Approved-Closed	Yes
Supporting Document	Health - Actuarial Justification	Approved-Closed	Yes
Supporting Document	Outline of Coverage	Approved-Closed	Yes
Form (revised)	Amendment	Approved-Closed	Yes
Form	Amendment	Replaced	Yes

SERFF Tracking Number: HUMA-126400248 State: Arkansas
Filing Company: Humana Dental Insurance Company State Tracking Number: 44494
Company Tracking Number: AR IND DENTAL H1 DEPENDENT AGE
TOI: H101 Individual Health - Dental Sub-TOI: H101.000 Health - Dental
Product Name: AR Ind Dental H1 Dependent Age
Project Name/Number: AR Ind Dental H1 Dependent Age /AR Ind Dental H1 Dependent Age

Objection Letter

Objection Letter Status Pending Industry Response

Objection Letter Date 01/07/2010

Submitted Date 01/07/2010

Respond By Date

Dear Christi Conrad,

This will acknowledge receipt of the captioned filing.

Objection 1

- Amendment, GN-70141-HD AMD 12/09 (Form)

Comment:

With respect to Adding Dependents, please refer to ACA 23-79-129. Coverage for newborn infants must be for at least 90 days.

Also, refer to the 60-day period for coverage that is provided for minors for whom the insured has filed a petition to adopt. ACA 23-79-137.

Please feel free to contact me if you have questions.

Sincerely,

Rosalind Minor

Response Letter

Response Letter Status Submitted to State

Response Letter Date 01/07/2010

Submitted Date 01/07/2010

Dear Rosalind Minor,

Comments:

Response 1

Comments: Updates have been made per your request. Thank you

Related Objection 1

Applies To:

- Amendment, GN-70141-HD AMD 12/09 (Form)

Comment:

SERFF Tracking Number: HUMA-126400248 State: Arkansas

Filing Company: Humana Dental Insurance Company State Tracking Number: 44494

Company Tracking Number: AR IND DENTAL H1 DEPENDENT AGE

TOI: H101 Individual Health - Dental Sub-TOI: H101.000 Health - Dental

Product Name: AR Ind Dental H1 Dependent Age

Project Name/Number: AR Ind Dental H1 Dependent Age /AR Ind Dental H1 Dependent Age

With respect to Adding Dependents, please refer to ACA 23-79-129. Coverage for newborn infants must be for at lease 90 days.

Also, refer to the 60-day perior for coverage that is provided for minors for whom the insured has filed a petition to adopt. ACA 23-79-137.

Changed Items:

No Supporting Documents changed.

Form Schedule Item Changes

Form Name	Form Number	Edition Date	Form Type	Action	Action Specific Data	Readability Score	Attach Document
Amendment	AR-70141-HD AMD 12/09		Certificate Amendment, Insert Page, Endorsement or Rider	Initial			AR H1 HDIC Dental TRP amend 12-09.pdf

Previous Version

Amendment	GN-70141-HD AMD 12/09		Certificate Amendment, Insert Page, Endorsement or Rider	Initial			GN H1 HDIC Dental TRP amend 12-09.pdf
-----------	-----------------------------	--	--	---------	--	--	---

No Rate/Rule Schedule items changed.

Thank you for your continued review of this filing.

Sincerely,

Christi Conrad, Erin Hermesen, Paula Konop, Tina Huettl

SERFF Tracking Number: HUMA-126400248 State: Arkansas

Filing Company: Humana Dental Insurance Company State Tracking Number: 44494

Company Tracking Number: AR IND DENTAL H1 DEPENDENT AGE

TOI: H101 Individual Health - Dental Sub-TOI: H101.000 Health - Dental

Product Name: AR Ind Dental H1 Dependent Age

Project Name/Number: AR Ind Dental H1 Dependent Age /AR Ind Dental H1 Dependent Age

Form Schedule

Lead Form Number:

Schedule Item	Form Number	Form Type	Form Name	Action	Action Specific Data	Readability	Attachment
Approved-Closed 01/08/2010	AR-70141-HD AMD 12/09	Certificate	Amendment	Initial			AR H1 HDIC Dental TRP amend 12- 09.pdf
		Amendmen t, Insert Page, Endorseme nt or Rider					

AMENDMENT

HUMANADENTAL INSURANCE COMPANY

[Policyholder: [John Doe]]

[Policy Number: [xxxxxxx]]

[Effective Date: [xxxxxxxxx]]

[This amendment is attached to and made a part of *your* [policy] [certificate]. Except as modified below, all policy terms, conditions and limitations apply.]

The *Dependent* definition in the Policy Definitions provision is removed from *your* [policy] [certificate] and is replaced with the following:

Dependent means:

- *Your* legally recognized spouse;
- *Your* unmarried natural born child, step-child, legally adopted child, or a child placed for adoption, whose age is less than the limiting age;
- An unmarried child whose age is less than the limiting age and for whom *you* have received a court or administrative order to provide coverage; or
- *Your* adult child who meets the following conditions:
 - Is beyond the limiting age of a child;
 - Is unmarried;
 - Is permanently mentally or physically handicapped; and
 - Incapable of self-sustaining employment.

Each child, other than the child who qualifies because of a court or administrative order, must meet all of the qualifications of a *dependent* as determined by *us*.

In order for the covered *dependent* child to remain eligible as specified above, *we* must receive notification within 31 days prior to the covered *dependent* child attaining the limiting age.

You must furnish satisfactory proof to *us* upon *our* request that the condition, as defined in the bulleted items above, continuously exist on and after the date the limiting age is reached. After 2 years from the date the first proof was furnished, *we* may not request such proof more often than annually. If satisfactory proof is not submitted to *us*, the child's coverage will not continue beyond the last date of eligibility.

Dependent does not mean a:

- Grandchild, unless such child is born to a *dependent* while covered under this *policy*;
- Great grandchild;
- Foster child; or
- Child who has not yet attained full legal age, but who has been declared by a court to be emancipated.

The limiting age for each child to be considered a *dependent* under this *policy* is [the child's 31st birthday][the end of the month in which the child attains the age of 31].

[Also, a *dependent* child's coverage will remain in force during a medically necessary leave of absence until the earlier of one year after the first day of the medically necessary leave of absence; or the date coverage would otherwise terminate under the plan.]

AMENDMENT

The adding dependents section of the Changes to the Policy provision is removed from your policy and is replaced with the following:

Adding dependents

- *We* must be notified in writing within 90 days of the birth, adoption or placement for adoption, of a child to *you* or any *covered person*, and must receive any required premium in order to avoid underwriting. If *we* do not receive notice and premium for the first 90 days and forward, the child will not be a *covered person* under this *policy*.
- A *dependent*, not falling under the previous paragraph must apply for addition as a *covered person* and be accepted by *us*. A *dependent* child is eligible to apply if he or she is under the age of [25]. If accepted, the *covered person* will be covered on the date *we* specify. New waiting periods will apply.



[Gerald L. Ganoni]
[President]

[



]

SERFF Tracking Number:	HUMA-126400248	State:	Arkansas
Filing Company:	Humana Dental Insurance Company	State Tracking Number:	44494
Company Tracking Number:	AR IND DENTAL H1 DEPENDENT AGE		
TOI:	H101 Individual Health - Dental	Sub-TOI:	H101.000 Health - Dental
Product Name:	AR Ind Dental H1 Dependent Age		
Project Name/Number:	AR Ind Dental H1 Dependent Age /AR Ind Dental H1 Dependent Age		

Supporting Document Schedules

	Item Status:	Status Date:
Satisfied - Item: Flesch Certification Comments: Attachment: Certification of Compliance 1-2010.pdf	Approved-Closed	01/08/2010

	Item Status:	Status Date:
Bypassed - Item: Application Bypass Reason: N/A Comments:	Approved-Closed	01/08/2010

	Item Status:	Status Date:
Bypassed - Item: Health - Actuarial Justification Bypass Reason: N/A Comments:	Approved-Closed	01/08/2010

	Item Status:	Status Date:
Bypassed - Item: Outline of Coverage Bypass Reason: N/A- Outline of coverage was submitted and approved by your department on 12/8/2004. Comments:	Approved-Closed	01/08/2010

TO: State of Arkansas
Office of the Commissioner of Insurance
1200 West Third Street
Little Rock, AR 72201-1904

GN-70141-HD AMD 12/09 Amendment

CERTIFICATION OF COMPLIANCE
Arkansas Rule and Regulation 19

I, Gerald L. Ganoni, an officer of HumanaDental Insurance Company, hereby certify that I have authority to bind and obligate the company by the filing of this form. I further certify that, to the best of my knowledge, information and belief:

- (a) The accompanying form as identified above does comply with all applicable provisions of the Arkansas Rule and Regulation 19; and
- (b) The form does meet the Flesch reading ease test for a score of 40 for all applicable policies, certificates and certificate riders unless the Commissioner of Insurance of the State of Arkansas requires a lower score;



Gerald L. Ganoni, President

__1-6-2010_____
Date

Individual responsible for this filing:

Christi Conrad
HumanaDental Insurance Company
Green Bay, WI 54344
Telephone 1-800-558-4444, Ext.3765
E-mail: cconrad@humana.com

<i>SERFF Tracking Number:</i>	<i>HUMA-126400248</i>	<i>State:</i>	<i>Arkansas</i>
<i>Filing Company:</i>	<i>Humana Dental Insurance Company</i>	<i>State Tracking Number:</i>	<i>44494</i>
<i>Company Tracking Number:</i>	<i>AR IND DENTAL H1 DEPENDENT AGE</i>		
<i>TOI:</i>	<i>H101 Individual Health - Dental</i>	<i>Sub-TOI:</i>	<i>H101.000 Health - Dental</i>
<i>Product Name:</i>	<i>AR Ind Dental H1 Dependent Age</i>		
<i>Project Name/Number:</i>	<i>AR Ind Dental H1 Dependent Age /AR Ind Dental H1 Dependent Age</i>		

Superseded Schedule Items

Please note that all items on the following pages are items, which have been replaced by a newer version. The newest version is located with the appropriate schedule on previous pages. These items are in date order with most recent first.

Creation Date:	Schedule	Schedule Item Name	Replacement Creation Date	Attached Document(s)
01/06/2010	Form	Amendment	01/07/2010	GN H1 HDIC Dental TRP amend 12-09.pdf (Superceded)

AMENDMENT

HUMANADENTAL INSURANCE COMPANY

[Policyholder: [John Doe]]

[Policy Number: [xxxxxxx]]

[Effective Date: [xxxxxxxxx]]

[This amendment is attached to and made a part of *your* [policy] [certificate]. Except as modified below, all policy terms, conditions and limitations apply.]

The *Dependent* definition in the Policy Definitions provision is removed from *your* [policy] [certificate] and is replaced with the following:

Dependent means:

- *Your* legally recognized spouse;
- *Your* unmarried natural born child, step-child, legally adopted child, or a child placed for adoption, whose age is less than the limiting age;
- An unmarried child whose age is less than the limiting age and for whom *you* have received a court or administrative order to provide coverage; or
- *Your* adult child who meets the following conditions:
 - Is beyond the limiting age of a child;
 - Is unmarried;
 - Is permanently mentally or physically handicapped; and
 - Incapable of self-sustaining employment.

Each child, other than the child who qualifies because of a court or administrative order, must meet all of the qualifications of a *dependent* as determined by *us*.

In order for the covered *dependent* child to remain eligible as specified above, *we* must receive notification within 31 days prior to the covered *dependent* child attaining the limiting age.

You must furnish satisfactory proof to *us* upon *our* request that the condition, as defined in the bulleted items above, continuously exist on and after the date the limiting age is reached. After 2 years from the date the first proof was furnished, *we* may not request such proof more often than annually. If satisfactory proof is not submitted to *us*, the child's coverage will not continue beyond the last date of eligibility.

Dependent does not mean a:

- Grandchild, unless such child is born to a *dependent* while covered under this *policy*;
- Great grandchild;
- Foster child; or
- Child who has not yet attained full legal age, but who has been declared by a court to be emancipated.

The limiting age for each child to be considered a *dependent* under this *policy* is [the child's 31st birthday][the end of the month in which the child attains the age of 31].

[Also, a *dependent* child's coverage will remain in force during a medically necessary leave of absence until the earlier of one year after the first day of the medically necessary leave of absence; or the date coverage would otherwise terminate under the plan.]

AMENDMENT

The adding dependents section of the Changes to the Policy provision is removed from your policy and is replaced with the following:

Adding dependents

- *We* must be notified in writing within 31 days of the birth, adoption or placement for adoption, of a child to *you* or any *covered person*, and must receive any required premium in order to avoid underwriting. If *we* do not receive notice and premium for the first 31 days and forward, the child will not be a *covered person* under this *policy*.
- A *dependent*, not falling under the previous paragraph must apply for addition as a *covered person* and be accepted by *us*. A *dependent* child is eligible to apply if he or she is under the age of [25]. If accepted, the *covered person* will be covered on the date *we* specify. New waiting periods will apply.



[Gerald L. Ganoni]
[President]

[



]